# **Application Data Sheet**

Application Information	
Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	Paper
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	A Fibrin/Fibrinogen-Binding Conjugate
Attorney Docket Number::	20695C-003420US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	

No

Secrecy Order in Parent Appl.::

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Heinz

Middle Name::

Family Name:: Redl

Name Suffix::

City of Residence:: Vienna

State or Province of Residence::

Country of Residence:: Austria

Street of Mailing Address:: Windmuehlgasse 7

City of Mailing Address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1060

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Walter

Middle Name::

Family Name:: Fuerst

Name Suffix::

City of Residence:: Vienna

State or Province of Residence::

Country of Residence:: Austria

Street of Mailing Address:: Inzersdorferstrasse 40/31

City of Mailing Address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Rudolf

Middle Name::

Family Name:: Kneidinger

Name Suffix::

City of Residence:: Vienna

State or Province of Residence::

Country of Residence:: Austria

Street of Mailing Address:: Benjowskigasse 31/30

City of Mailing Address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1220

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Sam

Middle Name:: L.

Family Name:: Helgerson

Name Suffix::

City of Residence:: Altadena

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1587 Morada Place

City of Mailing Address:: Altadena

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State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 91001

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Douglas

Middle Name::

Family Name:: Looker

Name Suffix::

City of Residence:: Ft. Lupton

State or Province of Residence:: CO

Country of Residence:: US

Street of Mailing Address:: 6449 WCR 21

City of Mailing Address:: Ft. Lupton

State or Province of mailing address:: CO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 80621

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Elisabeth

Middle Name:: M.

Family Name:: Inman

Name Suffix::

City of Residence:: Pasadena

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 714 N. Michigan Avenue

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City of Mailing Address:: Pasadena

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 91104

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jane

Middle Name:: P.

Family Name:: Richards

Name Suffix::

City of Residence:: Longmont

State or Province of Residence:: CO

Country of Residence:: US

Street of Mailing Address:: 5527 Colt Drive

City of Mailing Address:: Longmont

State or Province of mailing address:: CO

Country of mailing address:: US

Postal or Zip Code of mailing address:: 80503

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Catalina

Middle Name::

Family Name:: Wong

Name Suffix::

City of Residence:: Los Angeles

State or Province of Residence:: CA

Country of Residence:: US

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Street of Mailing Address::

4207 West Avenue 40

City of Mailing Address::

Los Angeles

State or Province of mailing address::

Country of mailing address::

US

CA

Postal or Zip Code of mailing address:: 90065

### **Correspondence Information**

Name::

Patent Administrator

Baxter Healthcare Corp.

Street of Mailing Address::

Law Department

P. O. Box 15210

City of Mailing Address::

Irvine

State of Mailing Address::

CA

Country of Mailing Address:

US

Postal or Zip Code of mailing

address::

92623-5210

Phone number::

949-474-6405

Fax Number::

949-474-6330

## Representative Information

Representative Customer No::

20350

## **Domestic Priority Information**

Application::

Continuity Type::

Parent Application: Parent Filing Date::

This Application

Continuation of

09/963,156

09/25/01

09/963,156

Continuation-in-part of

09/669,240

09/25/00

#### Foreign Priority Information

Country::

Application number::

Filing Date::

### **Assignee Information**

Assignee Name:: Baxter Aktiengesellschaft

Street of mailing address:: Industriestrasse 67

City of mailing address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1220

Assignee Name:: Baxter International Inc.

Street of mailing address:: One Baxter Parkway

City of mailing address:: Deerfield

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60015-4633